TRAVEL ADVANCE REQUEST

|  |  |
| --- | --- |
| Employee Name: |  |
| Mailing Address: |  |
| Purpose of Travel: |  |
| Travel Destination: |  |
| Dates of Travel: |  |

**ESTIMATED TRAVEL COST**

|  |  |  |
| --- | --- | --- |
| Personal Auto (itemize city to city only) | | |
| From: | To: | Miles |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Miles |  |
|  | Total Mileage Cost @ $0.545 / mile | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Rental car (fuel only) | (attach estimate calculation documentation) | | $ |
| Parking (rental or personal) |  | | $ |
| Meals |  | Days @ rate set on the [Federal Travel Rate](http://www.gsa.gov/portal/category/21287) website or $51/day | $ |
| Lodging (may include hotel taxes) |  | Days @ rate set on the [Federal Travel Rate](http://www.gsa.gov/portal/category/21287) website or $93/day (in-state or out-of-state) | $ |

|  |  |
| --- | --- |
| **Total Estimated Travel Expenses** | $ |

**Employee Certification**

I hereby request a travel advance to cover my estimated travel expenses. I agree to comply with the State of Texas and OCA travel guidelines. I agree to file my travel reimbursement request within 5 days after the last day of travel on any trip which I request travel advance funds, and to assign the rights to the Travel Voucher to the Office of Court Administration up to the amount of the travel advance.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature |  | Date |  |

**Agency Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized signature (Division Director/Supervisor) |  | Date |  |
| Authorized signature (F&O Sr. Accountant or Deputy CFO/CFO) |  | Date |  |

**Reconciliation**

Check No. Dated Amount $

Check No. Dated Amount $

Total Advanced and Payments to Employee $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Vo. No. \_\_\_\_\_\_\_\_\_ Dated Amount $

Employee Ck. No. Dated Amount $

Total Reimbursements to Travel Advance Fund $